

## **Consent To Residency**

Name of Resident:

Phone Number / Email:

## 28 Pa. Code § 717.27. Notification to Family Member or Emergency Contact.

Emergency Contact will be contacted in the case of residents leaving before program completion, and in the case of any emergency.

Emergency Contact Info including Name, Phone Number, and Relation:

## Acknowledgement of Resident Rights:

- 1. Residents shall retain all civil rights that have not been specifically curtailed by separate judicial or administrative determination by the appropriate legal authority.
- 2. The licensee may not discriminate against an individual or staff on the basis of age, race, sex, religion, ethnic origin, economic status, disability, sexual orientation or gender identity or expression.
- 3. Residents have the right to inspect their own records.
- 4. Residents have the right to request the correction of information in their records on the basis that it is inaccurate, irrelevant, outdated or incomplete.
- 5. Residents have the right to submit a rebuttal to information in their records.
- 6. Residents may attend a treatment facility of their choice outside of the drug and alcohol recovery house. The licensee may not require a resident to attend or prohibit a resident from attending a specific treatment facility. Residents are required to participate in at least one form of self help, though which one is up to the resident.

7. Statement that Resident wishes to reside in the reco	very house.	
I voluntarily agree to reside at	· · · · · · · · · · · · · · · · · · ·	. I understand and agree
that I must participate in treatment, self help groups, or	=	
of this recovery house. I also understand it is required to abstain from the use and sale of alcohol and		
illicit drugs. Furthermore, I will pay my rent on time. I may discontinue residency at any time.		
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House Manager Sign Here:	_ Date:	_
Resident Sign Here:	_ Date:	_
A copy of this document is to be offered to the residual	dent, Resident I	nitials